

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1. Qualifying Name and Address of Candidate

*Salvadore J.
Accomando*

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

*CITY COUNCIL
Hammond LA.
70403
DISTRICT #2*

OFFICE USE ONLY

7/06

*Supp
12/27*

100029867

3. Date of Primary

09/30/2006

This report covers from 2006 through 2010

4. Type of Report:

- | | |
|--|--|
| <input type="checkbox"/> 15th day prior to primary | <input type="checkbox"/> 40th day after general |
| <input type="checkbox"/> 30th day prior to primary | <input type="checkbox"/> Annual (future election) |
| <input type="checkbox"/> 30th day prior to primary | <input checked="" type="checkbox"/> Supplemental (past election) |
| <input type="checkbox"/> 10th day prior to primary | |
| <input type="checkbox"/> 10th day prior to general | <input type="checkbox"/> Amendment to prior report |

5. FINAL REPORT if:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Withdrawn | <input checked="" type="checkbox"/> Filed after the election AND all loans and debts paid |
| <input type="checkbox"/> Unopposed | |

6. Name and Address of Financial Institution
(You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

*CAPITAL ONE BANK
HAMMARD LA. 70403*

7. Full Name and Address of Treasurer

Anna A. BANKSTON

9. Name of Person Preparing Report

Salvadore J. Accomando

Daytime Telephone 985-345-6393

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 17th day of NOVEMBER, 2010

Salvadore J. Accomando

Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by Principal campaign committee)

985-914-2625

Daytime Telephone

Anna A. Bankston

Signature of Treasurer

985-606-0317

Daytime Telephone

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6. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

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RECEIVED
LAUREL
11-19-11

10F-2

SCHEDULE E-2: OTHER DISBURSEMENTS

This schedule is used to report those disbursements that are not "expenditures"; that is, monies paid by the campaign that are not paid for the purpose of supporting, opposing or otherwise influencing the nomination or election of a candidate to public office. Examples include the payment of taxes or the refund of contributions. Disbursements should be reported on this schedule only if they have not been reported elsewhere in this report. The explanation of the disbursement should state the reason the payment was made by the campaign.

1. Name and Address of Recipient	2. Date(s)	3. Explanation(s)	4. Amount(s)
SALVADORE J. Accomando	10/19/2010	TO CLOSE OUT THE CAMPAIGN ACCOUNT CANDIDATE HAS STATED OUT OF THE DISTRICT IN PROCESS OF MOVING	110.29
		TO LORENZO & PAYMENT OF HIS PERSONAL MONEY CONTRIBUTIONS	
5. Total OTHER DISBURSEMENTS during this reporting period			

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